

Overview of the scenario	Acute severe asthma following postpartum haemorrhage (PPH)
Learners	Multi-disciplinary obstetric team; obstetricians, midwives, anaesthetists, obstetric physician / respiratory team, anaesthetic assistant, intensive care team
Suggested clinical learning outcomes	Comprehensive assessment of the breathless parturient Consideration of differential diagnosis Management of acute severe asthma
Suggested non-clinical learning outcomes	<p>Software:</p> <p>Up to date SOP for maternal early warning scores SOP / emergency checklist for management of acute severe asthma PPH checklist SOP on how to call for help, including medical registrar / respiratory team / ICU (both in and out of hours)</p> <p>Hardware:</p> <p>Ensure availability of the following: Continuous monitoring equipment Point of care blood gas analysis End tidal carbon dioxide monitoring All drugs required to treat acute severe asthma in date and available PPE Anaesthetic transfer equipment</p> <p>Environment:</p> <p>Is the patient in the right place to be managed? Consider when to transfer the patient and to where? Consider access to monitoring / equipment / trained staff</p> <p>Teamworking:</p> <p>Sufficient staffing will be needed to monitor the patient and administer drugs Leadership is key to maintain oversight of both PPH and acute respiratory deterioration Team leader to share mental model for differential diagnosis and target investigations Early involvement of medical / respiratory and ICU teams</p>
Scenario	24 year old, now para 1, suffers a postpartum haemorrhage immediately after delivery. Known asthmatic on a preventer and reliever inhaler. No previous hospital admissions. Receives syntometrine IM and oxytocin infusion. Uterine atony persists; a dose of carboprost is given IM. 15 minutes later she complains of difficulty breathing with marked audible wheeze. She suffers with acute severe asthma requiring intubation, ventilation and transfer to critical care

<p>Debrief topics</p> <p>Following your simulation, consider how you will disseminate crucial learning points with the wider MDT.</p>	<p>Did the team explore the differential diagnosis of a breathless parturient? (including amniotic fluid embolism)</p> <p>Did the team feel well able to manage acute severe asthma?</p> <p>Were all required equipment and drugs available?</p> <p>Did the team think anything could have made the management of this case easier?</p> <p>If they came across this scenario again what would they do differently?</p> <p>Discussion regarding mode of action and side effects of uterotonics (Consider reviewing podcast; Best practice in the use of uterotonic by Prof Jose Carvalho. Three Day Course in Obstetric Anaesthesia, Church House: Day 2 Tuesday 5th November 2019. Password: firework http://www.oaawebcast.info/tuesday-5th.html</p>
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